

MARICOPA COUNTY PHARMACY BENEFIT PLAN DESCRIPTION



Administered By:



Effective July 1, 2014

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PLAN DESCRIPTION

MARICOPA COUNTY PHARMACY BENEFIT PLAN

ADMINISTRATIVE INFORMATION

Plan Name:	Maricopa County Pharmacy Benefit Plan
Plan Sponsor/Administrator:	Maricopa County
Group Number:	512229
Type of Plan:	Self-Insured Pharmacy Benefit Plan
Pharmacy Benefit Manager:	Catamaran 1600 McConner Parkway Schaumburg, IL 60173
Funding Mechanism:	Self-Insured
Plan Year:	July 1 to June 30

ABOUT THIS DOCUMENT

- This Summary Plan Description (SPD) is intended to describe your pharmacy benefit plan. Every effort has been made to ensure the information contained in this SPD is accurate. If there is a discrepancy in the information, the plan sponsor will make the final determination.
- The plan sponsor reserves the right to amend or terminate any benefit described in this document at any time. Notices of changes will be communicated through the Electronic Business Center (EBC), Maricopa County's Intranet.
- The plan and/or Catamaran has the right to deny benefits for any drug prescribed or dispensed in a manner that does not conform to normal medical or pharmaceutical practices or that are received in a manner that does not conform to the plan design.
- When the words 'we,' 'us,' 'our,' and 'plan' are used in this document, they refer to Maricopa County. When the words 'you' and 'your' are used, they refer to Maricopa County employees and COBRA participants who are covered for medical benefits through the Cigna HMO and UnitedHealthcare PPO.
- The Maricopa County Employee Benefits Division has two web sites for employee use. The address of the Internet site is www.maricopa.gov/benefits, and the EBC/Intranet site is located at ebc.maricopa.gov/benefits. Both of these web sites are collectively referred to as the 'Employee Benefits Home Page' in this document.

DESCRIPTION OF BENEFITS

This Plan description explains your pharmacy benefits, how you are able to access these benefits, and limitations and exclusions that apply. This document and the pharmacy benefit plan are effective July 1, 2014.

If you are a benefits-eligible active employee or COBRA beneficiary and enrolled in the County-sponsored Cigna HMO or UnitedHealthcare PPO medical plans, this pharmacy benefit plan applies to you.

If your medical coverage is through the UnitedHealthcare HDHP with H.S.A, your pharmacy benefit is available through OptumRx instead of through Catamaran.

Note: If you are covered under the County-sponsored Cigna HMO medical plan, diabetic supplies and medications may be obtained at a Cigna Medical Group Health Care Center pharmacy for \$10 per item for a 30-day supply. Please show your Cigna ID card since these costs will be charged to your medical plan instead of your pharmacy plan. In addition, if you are covered under the County-sponsored Cigna HMO or UnitedHealthcare PPO, you may voluntarily enroll in the Diabetes Management Program and may qualify for free diabetic medications and supplies. Contact the Employee Benefits Division for details.

Prescriptions may be purchased at either a retail pharmacy or through Catamaran Home Delivery (Refer to the 'Obtaining Pharmacy Benefits' section) with the exception of Specialty medications. (Refer to the 'Specialty Pharmacy Program' section for details.)

If you are eligible for and enrolled in coverage under this pharmacy benefit, the name of your pharmacy plan is the Co-insurance Plan.

CO-INSURANCE PLAN

The Co-insurance Plan is a multi-level plan in which a co-insurance amount (percentage of the cost of the medication) is the responsibility of the member (unless the applicable minimum or maximum co-pay applies) based on the classification of the medication. This plan covers generic, preferred brand-name and non-preferred brand-name medication. Some medication requires prior authorization or must be used in a certain order (step therapy). Quantity limits apply for certain medications. Some drug classes, such as infertility, cosmetic, erectile dysfunction, non-sedating oral antihistamines, non-steroidal anti-inflammatory, and proton pump inhibitors for the treatment of GERD, are excluded. Smoking cessation medication is only covered up to \$500 per Plan Year if you participate in the Maricopa County Quit Tobacco Program.

Certain preventive medications are offered to plan participants at zero cost when utilizing in-network providers (a co-insurance will be charged on brand-name contraceptives). Preventive medications include:

- Aspirin OTC
 - Prescription required
 - For participants 45 years and older
- Folic Acid
 - Prescription required
 - Single ingredient and prenatal vitamins that contain 400mcg to 800mcg of folic acid
 - For female participants under age 55 only
- Fluoride products
 - Prescription required
 - Single ingredient generic products only
 - For participants 6 months to 6 years old
- Iron supplements
 - Prescription required
 - For participants 6 to 12 months old
- Female contraceptive products
 - Generic products only (unless none is available)
 - Limited to 1 tablet per day
 - Emergency contraceptive limited to 2 courses per year
- **Level One** covers generic medications
- **Level Two** covers brand-name medications that are on the **Preferred Medication List (PML)**
- **Levels Three & Four** cover brand-name medications that are not on the PML (non- preferred)
- **Level Five** covers Specialty medications

You will be charged the minimum or the maximum co-pay or the co-insurance amount for a medication based on the medication's level and total discounted cost. If you choose a non-preferred brand-name medication when a generic equivalent is available, you will also pay the difference in the cost between the generic equivalent and the non-preferred brand-name medication. Refer to the 'Co-insurance Schedule of Costs' section for details.

The co-insurance or the minimum or maximum co-pay you pay toward any covered medication counts towards your out-of-pocket maximum, except when a non-preferred brand-name medication with a generic equivalent is purchased. The difference between the non-preferred brand-name and the generic equivalent does not count. Refer to the 'Maximum Out-of-Pocket Limit' section for details.

PREFERRED MEDICATION LIST (PML)

A Preferred Medication List is a list of medications that have received FDA approval as safe and effective, and have been chosen for inclusion on the PML by a committee of physicians and pharmacists. The PML applies to the Co-insurance plan and can help you and your physician maximize your pharmacy benefit while minimizing overall prescription drug costs for you *and* Maricopa County.

The Catamaran Pharmacy and Therapeutics (P&T) committee evaluates clinical efficacy and safety of each drug and votes the drug into one of three categories:

- **Therapeutically Unique** – Clinical effectiveness of the drug is superior to existing drugs with an acceptable safety profile, prompting automatic addition to the PML.
- **Therapeutically Equivalent** – Clinical effectiveness and safety profile are comparable to existing drugs.
- **Therapeutically Inferior** – Clinical effectiveness of the drug is no greater than existing drugs and the safety profile is less favorable, prompting automatic non-PML status.

Products classified by the P&T committee as therapeutically equivalent are then further evaluated from an economic perspective to determine which clinically appropriate drugs are most cost-effective for clients. The P&T committee's evaluation is based solely on clinical criteria. Only after the P&T committee's clinical assessment is made are the economics of the drug considered.

New FDA-approved drugs that arrive on the market are automatically available to you and are initially classified as non-preferred, except those excluded under your benefit plan. Based on the P&T committee's decision, the new drug may then be classified as a preferred medication. Additions to the PML may be made on a quarterly basis throughout the year, with deletions most often occurring annually and effective July 1.

Certain drugs that are listed on the PML posted on the Catamaran Web site at www.mycatamaranrx.com may not be covered under the Maricopa County Pharmacy Benefit Plan. Refer to the 'Exclusions and Limitations' section for details. For example, infertility medication is excluded on the Maricopa County plan but is listed on the PML. Additionally, some medication listed on the PML may require prior authorization or may be a step-care medication. Please refer to the 'Prior Authorization' and 'Step Care' sections for details.

Because so many generic (level one) medications are available, only the most frequently used generics are listed on the PML. However, all generics are covered unless specifically excluded. Generic medications are listed in lowercase on the PML.

Preferred brand-name medications (level two) are also listed on the Catamaran PML in uppercase.

Non-preferred brand-name medications (levels three and four) are not listed on the Catamaran PML. These are brand-name medications that are covered at a higher out-of-pocket cost.

Co-Insurance Schedule of Costs

Retail Pharmacy 30-Day Supply or 84-91 Day Supply of Non-Maintenance Medication or first two fills of Maintenance Medication or first fill of Specialty Medication

Level One	You are responsible for 25% of the contracted cost.* The cost of each prescription will be at least \$5 (the minimum co-pay) but no more than \$12 (the maximum co-pay) for a 30-day supply or at least \$15 but no more than \$36 for a three-month (84-91 days) supply.
Generics (on the PML):	
Level Two	You are responsible for 30% of the contracted cost.* The cost of each prescription will be at least \$10 but no more than \$40 for a 30-day supply or at least \$30 but no more than \$120 for a three-month (84-91 days) supply.
Preferred brand-name medications (on the PML):	
Level Three	You are responsible for 50% of the contracted cost.* The cost of each prescription will be at least \$50 for a 30-day supply or at least \$150 for a three-month (84-91 days) supply. There is not a maximum co-pay amount for the cost of medications in this level.
Non-preferred brand-name medications (not on the PML) with no generic equivalent:	
Level Four	You are responsible for 50% of the contracted cost* plus the difference between the cost of the generic medication and the non-preferred brand-name medication. The cost of each prescription will be at least \$50 for a 30-day supply or at least \$150 for a three-month (84-91 days) supply. There is not a maximum co-pay amount for the cost of medications in this category.
Non-preferred brand-name medications (not on the PML) with a generic equivalent:	
Level Five	Many specialty medications are on the PML as either a Level one or Level two medication. If the specialty medication is not on the PML, you are responsible for a \$100 co-payment for a 30-day supply. Specialty medication is not available at a retail pharmacy. All specialty pharmacy medication is received through Home delivery. Refer to the 'Specialty Pharmacy Program' section for details.
Specialty pharmacy medications (not on the PML):	

Mail Service or Onsite Pharmacy 84-91 Day Supply

Level One	You are responsible for 15% of the contract cost.* The cost of each three-month (84-91 days) supply will be at least \$10 (minimum co-pay) but no more than \$28 (maximum co-pay).
Generics (on the PML):	
Level Two	You are responsible for 25% of the contract cost.* The cost of each three-month (84-91 days) supply will be at least \$20 but no more than \$70.
Preferred brand-name medications (on the PML):	
Level Three	You are responsible for 50% of the contract cost.* The cost of each three-month (84-91 days) supply will be at least \$75. There is not a maximum co-pay amount for the cost of medication in this level.
Non-preferred brand-name medications (not on the PML) with no generic equivalent:	
Level Four	You are responsible for 50% of the contract cost* plus the difference between the cost of the generic and non-preferred brand-name medication. The cost of each three-month (84-91 days) supply will be at least \$75. There is not a maximum co-pay amount for the cost of medications in this level.
Non-preferred brand-name medications (not on the PML) with a generic equivalent:	
Level Five	Specialty medication may only be purchased in 30-day quantities; you are responsible for \$100 for a 30-day supply.
Specialty pharmacy medications (not on the PML) and received through Home delivery:	

**Cost is the contracted discounted price or the maximum allowable cost of the medication.*

OBTAINING PHARMACY BENEFITS

You can obtain your prescriptions from three different sources. The three sources include: 1) retail pharmacies within the Catamaran national pharmacy network for up to a 30-day supply of non- maintenance medication, the first two fills of maintenance medication, or the first fill of specialty medication; 2) an Advantage90™ retail pharmacy within the Catamaran national pharmacy network for an 84-91 day supply of maintenance medication, and 3) Catamaran Home Delivery for an 84-91 day supply of maintenance or non-maintenance medication. (Refer to the 'Specialty Pharmacy Program' section for information regarding the centralized distribution of specialty medication). Refer to the 'Catamaran National Retail Network' section for details. Prescriptions filled at non- contracted pharmacies are not covered under your pharmacy benefit plan, except in emergency situations.

Medication obtained in a 31-83 day quantity or 92 or more day quantity is not covered under your pharmacy benefit.

Federal law prohibits the return of dispensed prescription medication. It is advisable to check your medication before leaving the pharmacy counter to make sure you are charged correctly and that you received the correct medication and number of pills.

IDENTIFICATION CARDS

Catamaran issues ID cards to you for identification purposes only. The ID card is not proof of coverage or of eligibility for services on a particular date of service. The ID card includes the name of the employee (Subscriber) and each covered dependent. Each covered dependent is identified by a person code. The pharmacist must enter the appropriate person code in order for the prescription to process.

You must show your ID card at the time you obtain your prescription drug product at a contracted (participating) pharmacy or provide the pharmacy with identifying information that can be verified with the Maricopa County Employee Benefits Division during regular business hours.

The computer system at the pharmacy will confirm your eligibility for benefits even if you do not have your Catamaran ID card with you, as long as you provide the pharmacist with the following information:

- RxBIN 603286
 - RxPCN 01410000
 - RxGrp 512229
 - Issuer (80840)
 - Your name
 - Your Employee ID Number
-)

If you do not show your ID card or provide verifiable information or if your enrollment information cannot otherwise be verified, you will be required to pay the full cost of the prescription.

You may request reimbursement for covered medication in covered quantities as described in the 'Member Reimbursement' section. When you submit a claim on this basis, you may pay more for the medication because the reimbursement amount will be based on the contracted cost, less the required co-insurance or co-pay.

To be entitled to the covered prescription medication, you must be the employee or a covered dependent on whose behalf all applicable premiums have been paid, and all eligibility requirements have been met. Any person receiving a covered prescription medication who is

not entitled, or through fraudulent information submitted to Catamaran, will be fully responsible to reimburse the cost of the covered prescription medication and any administrative costs to the Maricopa County Employee Benefits Trust Fund.

If you lose your ID card or need additional cards for covered dependents, call **Catamaran Member Services** at (866) 312-1597 and provide your name and Employee ID number. Two additional cards will be sent to your address that is on file with Maricopa County.

CATAMARAN NATIONAL RETAIL NETWORK

You can choose from more than 62,000 contracted pharmacies to purchase your non-maintenance medication and the first two fills of maintenance medication. Below are some of the many pharmacies participating in the Catamaran nationwide 30-day retail network. For additional participating pharmacies, call **Catamaran Member Services** at (866) 312-1597, 24-hours a day, seven days a week or visit the Catamaran Web site at www.mycatamaranrx.com. Refer to subsection 'Three Month Supply through Mail Service' section for details about mail service.

- Albertsons/Osco
- Bashas
- Cigna CMGs
- Costco
- CVS
- Frys
- Kmart
- Safeway
- Sam's Club
- Target
- Walgreens
- Wal-Mart

SHORT-TERM NEEDS

UP TO A 30-DAY SUPPLY AT RETAIL PHARMACIES

The Catamaran retail network of pharmacies is available for prescriptions you need right away, for a short time only (such as antibiotics) or for up to two fills of maintenance medication. You can choose from thousands of participating network pharmacies nationwide, and you can obtain up to a 30-day supply at one time. You can find the nearest participating network pharmacy by calling **Catamaran Member Services** at (866) 312-1597 or by going online via the Internet to www.mycatamaranrx.com. A small number of medications are limited by the manufacturer or the Federal Drug Administration to a 30-day or less supply, such as, but not limited to, Accutane (including generic equivalents) and Peg-Intron.

LONG-TERM NEEDS

THREE MONTH SUPPLY AT ADVANTAGE90™ RETAIL PHARMACIES

When you need maintenance medications for chronic or long-term health conditions, you must purchase a three-month supply at any pharmacy located in a retail pharmacy participating in Advantage90™. You may purchase a three-month supply of maintenance medication on your first fill, if you so choose. The physician must write your prescription for an 84-91 day supply.

THREE MONTH SUPPLY THROUGH THE MAIL SERVICE PHARMACY

Prescriptions for maintenance medications or long-term health conditions can also be ordered through Catamaran Home Delivery. Ordering through the mail is both a safe and

convenient way to receive prescriptions and save money. You must use a specific order form when placing your first order to provide Catamaran Home Delivery with important health, allergy and plan identification information. You can print this form at www.mycatamaranrx.com.

You can have your prescriptions delivered to the location of your choice, such as your home address, your work location or even to a local contracted retail pharmacy.

When your order is filled, it will be delivered via U.S. mail. Your package usually arrives within seven to 10 days. Your order will include the filled medication container(s), instructions for refills and information about your medication.

To ensure that you don't run out of medication, remember to reorder by the refill date indicated on your refill slip or medication container, or when you have 14 days of medication left.

PHARMACY COSTS

MAXIMUM OUT-OF-POCKET LIMIT

The co-insurance or co-pay, (including minimum and maximum amounts but excluding the difference between the cost of a non-preferred brand-name medication and its generic equivalent for the Co-insurance plan), paid towards covered drugs, including specialty medication, will be applied to your maximum out-of-pocket limit:

- Individual coverage, \$1,500
- Family coverage, \$3,000

Once you and/or your covered dependents meet the out-of-pocket maximum, covered prescriptions are paid 100% by the plan for the remainder of the plan year. Any number of family members can contribute to the family out-of-pocket maximum.

The amount you pay for any *excluded drug* will not be included in calculating your annual out-of-pocket maximum. You are responsible for paying 100% of the contracted cost for any excluded drug.

Note: Diabetic supplies and medications obtained at a Cigna Medical Group Health Care Center pharmacy under your Cigna HMO medical insurance are not included in the calculation of your maximum out-of-pocket limit since the cost of these supplies and/or medications are covered under your medical plan instead of your pharmacy plan.

FINDING THE LOWEST COST FOR YOUR MEDICATION

The cost of medication varies based on the contracted discount rate and the drug type (generic, preferred brand, non-preferred brand), and in some cases the maximum allowable cost (MAC).

Generally, the cost of medication is least costly at mail service then at the onsite pharmacy or at a retail pharmacy.

In order to determine where to make the most cost-effective purchase of medication, you should go to www.mycatamaranrx.com and click the co-pay link and enter the information about each of your medications.

MEMBER REIMBURSEMENT

There may be instances where you are in need of a prescription for which you are eligible but are unable to have your claim processed through a Catamaran pharmacy due to situations such

as being outside the service area, an emergency or being a new member whose enrollment has not been processed. In situations such as these, you will be required to pay the full retail cost of the covered medication.

You may be able to be reimbursed for covered prescriptions you have paid for under the plan by following these steps:

1. Pay the pharmacist the full amount of your prescription. Keep your prescription receipt(s).
2. Obtain and complete a *Member Prescription Claim Reimbursement* form available via the Employee Benefits Home page under the Pharmacy tab.
3. Send your completed form and itemized receipts to the address on the form.

The reimbursement will be processed according to the plans guidelines, coverage, limitations, and exclusions. If the request is approved, you should receive your reimbursement within four weeks.

As previously stated, you will be reimbursed according to the plans guidelines. Your reimbursement will be calculated at the contracted cost for the medication or the maximum allowable cost, less your co-insurance or co-pay instead of the full retail price of the medication.

PHARMACY COVERAGE, EXCLUSIONS AND LIMITATIONS

COVERED ITEMS

The following items are covered under the pharmacy benefit plan, unless specifically listed in the 'Exclusions and Limitations' section.

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription)
- Compound prescriptions containing at least one legend ingredient
- Insulin and diabetic medications and supplies such as blood glucose monitors, test strips, disposable insulin syringes, lancets (including automatic lancing devices), glucagon, prescribed oral agents for controlling blood sugar and any of the devices listed above that are needed due to being visually impaired or legally blind

Note: Insulin pumps and cartridges are not available through your pharmacy benefit. Your medical insurance may provide these items through their durable medical equipment (DME) benefit.

PRIOR AUTHORIZATIONS

Certain prescriptions require prior authorization (approval before they will be covered). Types of prior authorizations include, but are not limited to: medications where a set amount is allowed within a set timeframe and an additional amount is requested within the same timeframe, where an age limitation has been reached and/or exceeded, or where appropriate utilization must be determined. Catamaran, in its capacity as the pharmacy benefit manager, administers the clinical prior authorization process on behalf of Maricopa County.

Clinical Prior Authorization (CPA) can be initiated by the pharmacy, the physician, or you or your covered dependents by calling 1-877-665-6609 Monday through Friday, 8 AM-8 PM, Central Standard Time (CST). The pharmacy *may* call after being prompted by a medication denial with

a message stating, '*Prior authorization required; call 1-877-665-6609.*' The pharmacy may also pass the information on to you and require you to request the prior authorization.

After the initial call is placed, the Clinical Services Representative obtains information and verifies that Maricopa County participates in a CPA program for the particular drug category. The Clinical Services Representative generates a drug-specific form and faxes it to the prescribing physician. Once the fax form from the physician is received by the Clinical Call Center, a pharmacist reviews the information and approves or denies the request based on established protocols. Determinations may take up to 48 hours from Catamaran's receipt of the completed form from the prescribing physician, not including weekends and holidays.

If the prior authorization request is approved, the Catamaran Clinical Services Representative calls the person who initiated the request and enters an override into the Catamaran claims processing system for a limited period of time. The pharmacy will then process the prescription.

If the prior authorization request is denied, the Catamaran Clinical Call Center pharmacist calls the person who initiated the request and sends a denial letter explaining the reason for denial. The letter will include instructions for appealing the denial. For more information, see the 'Appeal Procedures' section.

Drug categories or medications that require prior authorization include, but are not limited to:

- Anabolic steroids (all forms)
- Antiemetics
- Anti-fungals (Sporanox, Onmel)
- Cardiovascular Disease (Ranexa, Vytarin)
- Cox II Inhibitors (Celebrex)
- Diabetes (Diabetic Wound Healing Agents, Symmlin, Invokana)
- Erythropoietins (Specialty medication)
- Weight Loss
- Ophthalmic Immunomodulators
- Pain Management (Actiq, Fentora, Oxycontin)
- Topical Acne
- Topical Analgesic Agents (Lidoderm, Flector Patch, Pennsaid Solution, Voltaren Gel)
- Viral Hepatitis (Specialty medication)

The criteria for the CPA program are based on nationally recognized guidelines, FDA-approved indications, and accepted standards of practice. Each guideline has been reviewed and approved by Catamaran's P&T committee for appropriateness.

To confirm whether your medication requires prior authorization and/or to request a prior authorization, call **Catamaran's Clinical Member Services at (866) 312-1597** Monday through Friday, 8 AM – 8 PM, CST. Please have the information listed below available when initiating your request for prior authorization:

- Name of Your Medication
- Prescribing Physicians Name
- Prescribing Physicians Phone Number
- Prescribing Physicians Fax Number, if available
- Catamaran Member ID Number (from your Catamaran ID card)
- Maricopa County Group Number: **512229**

STEP CARE

In some instances, a therapeutically equivalent prerequisite medication may be required to be tried before other medication is approved. This is called step therapy.

Drug categories or medications that require step therapy include, but are not limited to:

- Antispasmodics (Detrol LA, Toviaz)
- Antidepressants (SSRI/SNRI)
- DDP-4 Inhibitors
- GLP-1 Inhibitors (Byetta, Victoza)
- Long-Acting Beta 2 Agonists (LABA)
- Oral Bisphosphonates (Fosamax, Actonel, Boniva)
- Triptans (Alsuma, Frova)

AGE AND QUANTITY LIMITATIONS

Some medications are subject to age and quantity limits. Your claim will be denied at the time of purchase if these limitations are exceeded. Limitations are based on criteria developed with guidelines from various national medical agencies in conjunction with Catamaran clinical review process.

Age Limitations

Certain medications have an **age** limitation, including, but not limited to, the following health conditions:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Topical Acne

If your prescription is denied due to age limitations, but you and your physician believe that it is medically necessary for you to take this medication to treat one of the above listed conditions, you may request prior authorization. Refer to the 'Prior Authorizations' section for details.

Quantity Limitations

Certain medications have **quantity** limitations, based on FDA and manufacturing dosing recommendations, which limits the amount of medication that will be covered at one time. This includes, but, is but not limited to, the following health conditions and medications:

- Antiemetics
- Butorphanol (Stadol)
- Duragesic
- Fentora
- Insomnia
- Migraine
- Ophthalmic Immunomodulators
- Oxycontin
- Ranexa
- Symlin

If your prescription is denied due to quantity limitations, and you and your physician believe that

it is medically necessary for you to take a larger quantity of this medication, you may request prior authorization. Refer to the 'Prior Authorizations' section for details.

OVERRIDE FOR LOST OR FORGOTTEN MEDICATIONS

If a medication has been lost or forgotten, you and/or your healthcare provider can submit a written request for review for a one-time replacement. The request should include the name of the employee or covered dependent, the name of the medication along with the quantity, and the reason for requesting the override. If the override request is for a narcotic, anti-depressant, or pain medication, a note from the prescribing physician must also be faxed directly to the Benefits Office. Once received, the override request will be reviewed and either approved or denied. .

SPECIALTY PHARMACY PROGRAM

Certain medications used for treating chronic or complex health conditions are handled through the Catamaran Specialty Pharmacy Program.

The purpose of the Specialty Pharmacy Program is to assist you with monitoring your medication needs for conditions such as those listed below and to provide patient education. The program includes monitoring of specific injectable drugs and other therapies requiring complex administration methods, special storage handling and delivery.

Medications covered through the Specialty Pharmacy Program may include, but are not limited to, the following conditions:

- Acromegaly
- Chronic Granulomatous Disease
- Cystic Fibrosis
- Deep vein thrombosis
- Gaucher disease
- Growth Hormone Deficiency
- Hemophilia
- HIV/AIDS
- Multiple Sclerosis
- Psoriasis
- Respiratory Syncytial Virus (RSV)
- Rheumatoid Arthritis
- Solid Organ Transplant
- Some Oncology-related Conditions
- Viral Hepatitis

Your specialty medication will be delivered to your home or physician's office. You may enroll in the Specialty Pharmacy Program by contacting **BriovaRx** at (855) 427-4682. A BriovaRx Clinical Specialist is available 24 hours a day, 7 days a week for emergency "on call" services.

Certain self-administered injectables can only be obtained through the BriovaRx Specialty Pharmacy Program and may not be covered if administered in your physician's office. Examples of these injectables include, but are not limited to, the following conditions:

- Biologic Response Modifiers (i.e. Enbrel, Humira, Kineret, Raptiva)
- Growth Hormone (i.e. Genotropin, Humatrope, Norditropin, Nutropin, Saizen, Serostim, Tev-tropin, Zorbtive)
- Multiple Sclerosis (i.e. Avonex, Betaseron, Copaxone, Rebif)
- Narcolepsy (i.e. Xyrem)
- Osteoporosis (i.e. Forteo)

- Parkinsons Disease (i.e. Apokyn)
- Pulmonary Hypertension (i.e. Revatio)
- Viral Hepatitis (i.e. Copegus, Infergen, Intron A, Pegasys, Peg Intron, Rebetol, Ribapak Dosepack, Ribasphere, Ribatab, Ribivirin, Roferon A)

EXCLUSIONS AND LIMITATIONS

- Drugs used for cosmetic purposes, including, but not limited to, certain anti-fungals, hair loss treatments, those used for pigmenting/depigmenting and reducing wrinkles
- Fertility drugs (oral and injectable)
- Diabetic urine tests and alcohol swabs
- Nutritional/dietary supplements
- Over-the-counter medications and other over-the-counter items
- Prescription strength medication that is available over-the-counter in lower doses
- Certain injectable medication obtainable through and administered by a physician in an office setting. If the medication is available to and administered through your physician's office, it may be covered through your medical insurance plan
- Miscellaneous medical supplies
- Coverage of prescription drug products for an amount that exceeds the supply limit (either day supply, age or quantity limit)
- Prescription drug products for any condition, injury, sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers compensation law or other similar laws
- Charges to administer or inject any drug
- Prescription drugs not deemed medically necessary
- Charges for delivering any drugs except through the mail service. Express or overnight delivery costs are not covered
- Experimental or investigational medications
- Prescription drugs purchased from an institutional pharmacy for use while you are an in-patient of that institution (hospital, skilled nursing facility or alternate facility), regardless of the level of care
- Prescription drugs furnished by the local, state or federal government
- A specialty medication prescription drug product (such as immunizations and allergy serum) which, due to its characteristics as determined by the plan administrator, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting
- Replacement prescription drug products resulting from a lost, stolen, broken or destroyed prescription order or refill, without substantiating evidence and/or prescriber permission for controlled substances, anti-depressants, recurring requests, or other prescription drugs deemed unsafe.
- Prescription drug products for smoking cessation, unless they are provided through and in accordance with an approved wellness program through Maricopa County such as the Quit Tobacco program.
- The difference between the cost of a non-preferred brand-name medication and its generic

equivalent

- Maintenance Medication purchased in a 30-day quantity after two 30-day fills
- Botulinum Toxin
- Medications for erectile dysfunction
- Oral non-sedating antihistamines
- Medical marijuana
- Proton pump inhibitors for the treatment of gastroesophageal reflux disorder (GERD)

Notes:

- Reimbursement for prescription drugs purchased at full retail cost is limited to the contracted cost less co-insurance or co-pay. Refer to the 'Member Reimbursement' section.
- Maricopa County does not coordinate benefits (as a secondary payer) with other pharmacy benefit plans.
- Use of coupons to lower your co-pay or co-insurance may be used in accordance with the terms and conditions of the coupons and with the plan design of the pharmacy benefit plan.
- Medical food products (low protein foods and metabolic formula) to treat inherited metabolic disorders (a disease caused by an inherited abnormality of body chemistry) are covered under your medical insurance according to Arizona state statute.

OTHER PROGRAMS

DRUG UTILIZATION ALERTS AT TIME OF PURCHASE

Drug Utilization Review (DUR) is an effective tool used by Catamaran in monitoring your drug use to assure that it is appropriate, safe and effective. At the time of purchase, Catamaran DUR program monitors your claim submissions across all pharmacies and prescribing physicians, compares each claim with your active prescriptions and notifies the pharmacist if any drug utilization alerts occur. The DUR system adheres to the National Council for Prescription Drug Products (NCPDP) guidelines and monitors every prescription for numerous conditions. The pharmacist may decide not to dispense medication based on the DUR alert received at the point of service. Examples of some of the DUR alerts are listed below.

DRUG/DRUG INTERACTION

A drug/drug interaction is a potentially harmful result that can occur when a patient is taking two or more medications at the same time. The possible results of the interaction could include an increase or decrease in drug effectiveness or an increase in the adverse effects of one or both of the drugs.

When these interactions occur, the Catamaran claim system advises the dispensing pharmacist that the drug about to be dispensed may have a potentially harmful interaction with a drug the patient is currently taking. This allows the pharmacist to use professional judgment to intervene, if necessary, to prevent the patient from being harmed.

OVERUTILIZATION

The submission of prescription drug claims across all contracted pharmacies is monitored. When a prescription claim request is received, the Catamaran claim system reviews the patient's drug profile, searching for a previous prescription for the same drug or its generic equivalent. The system then applies any other parameters that have been defined to reject a claim if the request for the medication is being submitted sooner than the plan recognizes as appropriate.

THERAPEUTIC DUPLICATION MONITORING

Duplicate therapy monitoring informs the dispensing pharmacist that the newly prescribed drug may duplicate the therapeutic effects of another drug already prescribed for the patient. This duplication can occur even when the two drugs are prescribed for different medical conditions.

When a duplication of therapy is detected, Catamaran transmits this information to the dispensing pharmacist, including the name of the drug that is duplicating the therapy, for further evaluation and intervention.

RETROSPECTIVE DRUG UTILIZATION REVIEW

Catamaran reviews all prescriptions after they are purchased to assist your health care providers in their effort to ensure safe and appropriate use of medications for you. As part of this program, Catamaran pharmacists may confidentially analyze your medication history in order to determine appropriateness of therapy. The prescribing doctor may be provided with the most recent educational materials based on nationally accepted therapy guidelines to assist in this determination. You may also receive a call from a clinically trained pharmacist who will provide targeted, one-on-one counseling about your medications and how to help you take them appropriately.

TERMINATION OF BENEFITS

Coverage ends the last day of the payroll period in which you cease to be eligible for coverage. You are responsible for immediately notifying the Employee Benefits Division when a dependent no longer meets the eligibility requirements for coverage. Prescription and administrative costs paid or incurred on behalf of an ineligible dependent become your responsibility.

When any of the following happen, we will provide you written notice that coverage has ended and the effective date of such termination.

- **Fraud, Misrepresentation or False Material Information:** You provided false information related to another person's eligibility or status as a dependent.
- **Improper Use of ID Card:** You permitted an uncovered person to use your ID card to obtain services under this plan.
- **Failure to Pay:** You failed to pay the required premium for coverage.

RIGHT OF RECOVERY

If the amount of payment for pharmacy claims paid by Maricopa County was more than should have been paid on your behalf, the County may recover the excess from you.

PROBLEM RESOLUTION

COMPLAINT PROCEDURE

If you are dissatisfied with the service received under this pharmacy benefit plan, you are encouraged to contact the **Catamaran Member Services Division, 24 hours a day, seven days a week, at (866) 312-1597**. Frequently, your concern can be resolved with a telephone call to a Member Services Representative.

If Catamaran Member Services cannot resolve your concern, you may file a complaint with the Employee Benefits Division either telephonically by calling (602) 506-1010, or in writing. Examples of concerns for which you may file a complaint include, but are not limited to, quality of service received, payment amount of a claim, plan design, or Preferred Medication List content.

For issues that involve an adverse benefit determination (denial), you may file an appeal as explained below.

APPEALS PROCEDURE

If you have an adverse benefit determination (denial) for a clinical prior authorization, specialty prior authorization, step care therapy program, direct member reimbursement, formulary exception or co-pay override request, you may have it re-considered through Catamaran's clinical appeal review program. The appeal process involves a full review of your claim for benefit coverage and of the adverse benefit determination. The program provides up to two levels of appeals. Appeal reviews will be conducted internally by Catamaran pharmacists (first level) or externally by an independent review organization (second level).

In the case of a denial, you will be sent a denial notice informing you of the benefit denial, your rights set forth by the Patient Protection and Affordable Care Act (PPACA) appeal regulations, and the information necessary for you to initiate the clinical appeal review process.

The clinical appeal review process is initiated upon submittal of a written request appealing the denial. Such request can include additional information you believe requires further consideration.

You may file an appeal, in writing, to:

Catamaran
Attn: Appeals
P.O.Box 371544
LAS VEGAS, NV 89134
Fax: 888-826-7406

Following the submission of an appeal, all pertinent medical/prescription information will be objectively and thoroughly reviewed by clinicians. After the review, clients are provided a

recommendation to either overturn or uphold the denial. Upon an appeal determination, you will be informed of the decision in writing.

An independent review organization will conduct the appeal analysis for level-two appeals. An independent physician expert will review the case and make a recommendation. This recommendation to either uphold or overturn the denial will be sent to you and the Maricopa County Employee Benefits Division.

IMPORTANT PHONE NUMBERS

NAME	PHONE	HOURS	WHO	REASONS TO CALL (Including but not limited to)
Catamaran Member Services	866- 312-1597 Toll free	24 hours a day, 7 days a week	<ul style="list-style-type: none"> • Members • Dependents • Pharmacies • Maricopa County Employee Benefits personnel 	<ul style="list-style-type: none"> • Eligibility • Prescription will not process • Find out if a drug is covered • Find out if drug is on PML • Find out your co-insurance amount
Catamaran Clinical Center	877-665-6609 Toll free	Monday – Friday, 8 AM–8 PM (Central Standard Time)	<ul style="list-style-type: none"> • Members • Dependents • Pharmacies • Physicians • Maricopa County Employee Benefits personnel 	<ul style="list-style-type: none"> • Initiate a clinical prior authorization (CPA) review • Check status of a CPA review • Check to see if prior authorization is required for a drug (See '<i>PRIOR AUTHORIZATIONS</i>' section for details.)
BriovaRx Specialty Pharmacy	855-427-4682 Toll free	Monday – Friday, 8:30 AM–5 PM (Eastern Standard Time)	<ul style="list-style-type: none"> • Members • Dependents • Physicians 	<ul style="list-style-type: none"> • Obtain a specialty medication • Check on status of a specialty drug (See '<i>SPECIALTY PHARMACY PROGRAM</i>' section for details.)
Catamaran Home Delivery	888-637-5121 Toll free	24 hours a day, 7 days a week	<ul style="list-style-type: none"> • Members • Dependents 	<ul style="list-style-type: none"> • Enroll in home delivery for prescription drugs • Check on status of a prescription
Catamaran Home Delivery	800-637-5121 Toll free	24 hours a day, 7 days a week	<ul style="list-style-type: none"> • Members • Dependents 	<ul style="list-style-type: none"> • Order a refill • Order status detail • Check account balance
Maricopa County Employee Benefits Division	602-506-1010	Monday – Friday, 8 AM–5 PM (Mountain Standard Time)	<ul style="list-style-type: none"> • Maricopa County employees and dependents 	<ul style="list-style-type: none"> • Eligibility • File an appeal (See '<i>APPEAL PROCEDURES</i>' section for details.) • Reimbursement for prescriptions for which you paid (See '<i>MEMBER REIMBURSEMENT</i>' section for details.)



www.mycatamaranrx.com